Clinical HIV/AIDS Services Strengthening (CHASS) Project in Niassa Province

Agreement No. 656-A-00-10-00-113

FY2012 2st Year of the Project

 # 4th Quarter Report

Period of reporting: July – September 2012

October, 2012

1. **Project Duration:** 5 years

2. **Starting Date:** August 2010 – July 2015

3. **Life of project funding:** $35,538,475

4. **Geographic Focus**: Niassa province, Mozambique

5. Project Objectives

The USAID/Mozambique Clinical HIV/AIDS Services Strengthening Project (CHASS) is a five-year project (August 2010 - July 2015) supporting the expansion of HIV/AIDS prevention, care and support activities and capacity building in Niassa, Mozambique. The project supports USAID's Strategic Objective 9 (SO 9) "to improve health in vulnerable populations in Mozambique," and more specifically contributes to Intermediate Result (IR) 7.3, "Improved use of proven interventions to prevent major infectious diseases." CHASS/Niassa is implemented by Family Health International (FHI 360) in partnership with Abt Associates and Food for the Hungry (FH).

CHASS's goal is to strengthen the provincial health system and enhance DPS capacity to manage its own health systems and finances, increase human resources for health, improve quality and use of strategic information, strengthen local organizations and align with national priorities and plans. The project's objectives are to:

(1) Increase access, quality and use of HIV care and treatment services to rural communities by intervention in seven areas: CT, laboratory services, PMTCT, adult care and treatment, pediatric care and treatment, palliative care, and prevention, diagnosis and treatment of HIV-TB co-infection;

(2) Provide a continuum of accessible HIV and related primary health care services including MCH and RH services (including support at clinics that do not provide ART or PMTCT) and to improve linkages and referrals within and between facilities and communities;

(3) Support stronger and more sustainable Mozambican systems and institutions through emphasis on strengthening government and community capacity to deliver and manage services at the district level with an explicit plan to handover project activities to Mozambican authorities and to assist the DPS in the development of robust systems of monitoring and evaluation for HIV-related programs that can be adapted for use across the health field

The project emphasizes on supporting a health care system that delivers and sustains quality services to meet the needs of patients and maximizes clinical outcomes. This change has been fueled by the growth of outpatient services, the need to support services delivered in an integrated environment to ensure high-quality care health improvement and equity as key to a sustainable health care system. This integrated approach will enable the public sector PHC system to test more patients for HIV, place more patients on ART more quickly and efficiently, reduce loss-to-follow-up, and achieve greater geographic HIV care coverage.

6. Summary of the reporting period

In partnership with the MISAU/DPS, Abt, Food for the Hungry and two local non-governmental organizations, the CHASS Niassa project works at all levels of the healthcare system in Niassa to build capacity for the full range of comprehensive HIV services. The project supports:

- Prevention of mother-to-child transmission (PMTCT) of HIV
- Pediatric and adult HIV care and treatment
- Integrated PMTCT in health facilities that provide healthcare for women and children, including malaria prevention.
- Integration of cost cutting interventions such as nutrition, gender equity including GBV, quality improvement and humanization of service delivery.
- Integrated TB/HIV services in selected health facilities.
- Palliative care for opportunistic infections.
- Training programs for all cadres of healthcare providers.
- Training programs for mid and low levels medical technicians (Physician Assistants) to deliver HIV care and treatment.
- Infrastructure development, as well as laboratory and facility renovations.
- Clinical mentoring and tutoring.
- Peer educator programs (CCM, M2M, Male support groups) to promote HIV testing, treatment adherence, and positive prevention.
- Enhanced linkages between HIV/AIDS services and community-based organizations.
- Technical support to the DPS/Niassa and participation in Ministry of Health central level TWG.

The first two years of project implementation have witnessed significant progress in the systematic provision of technical assistance across 45 sites. Methods of technical assistance include continuing trainings, in- service training, mentoring, leading clinical seminars, pre-service trainings and joint technical support visits (TSV)[1]. The TSV approach enables skills transfers, greater internalization and greater chance of long-term sustainability of TSV activities. Joint technical support visits (TSV) with counterparts from all levels (district, provincial and national) is continued and systematic. During this quarter the CHASS clinical team continues the provision of technical support in the 21 supported ART sites, 14 TB/HIV sites and 45 PMTCT sites.

Earlier initiation of ART requires earlier diagnosis and regular monitoring until treatment eligibility. Poor pre-ART retention in care, or the failure to link patients from HIV testing to HIV care and retain them until they are eligible for ART, is still a problem that the CHASS project is

[1] A technical support visit (TSV) is the process by which CHASS staff—along with counterparts from the MISAU — visit health facilities, drug warehouses, community support services, provincial/district health directorates to review performance of health services: observing clinical procedures, interviewing service providers and clients or caregivers, reviewing records—and then analyzing, together with appropriate staff, differences between desired and actual performance. They discuss findings together, identify root causes of any problems identified and develop action plans to improve performance. CHASS TA staff conducting TSV is a 'facilitator,' not a 'supervisor.' The facilitator is someone who comes not to find faults but to assist and support health facility (HF) staff and Community Case managers (CCMs) in their technical functions, in order to improve performance.

working closely with the DPS/SDSMAS to develop mechanism to promote early initiation of treatment. As a way to synthesize this information, the pre-ART care period is divided into three stages. Stage 1 lasts from a positive HIV test to receiving the results of an initial CD4 count (or clinical staging) and being referred to either pre-ART care or ART. Stage 2 is pre-ART care, spanning the period from enrollment in pre-ART until ART eligibility. Finally, Stage 3 lasts from ART eligibility to receipt of the first doses of ARVs. Patients can be lost (die, discontinue, or be lost to follow up) in any stage.

Quality Improvement activities are well integrated in the province through CLINIQUAL expansion to all ART sites. CHASS Niassa has supported CLINIQUAL 4 assessment which took place in July in Niassa province. The Provincial Committee for Quality Management, however, is missing 2 valuable members the M & E and the Clinical Advisors. The project is working with the DPS to accelerate the recruitment of the Clinical Advisor by next quarter. The role of this committee is to build the capacity of District health facilities staff in quality management, supervise data collection and the QI activities at the at the District and facility levels. The project is also collaborating with FANTA III in the implementation of a pilot QI of the nutrition services of PRN in Cuamba (HR) Lichinga (CdC) and Muembe (CS).

A number of decentralized health facility and community modalities have been implemented to reduce the burden on health workers and health facilities and to improve retention in care for those on ART. Consequently, the project supported the DPS effort to decentralize ARV treatment from the Rural Hospital to the Cuamba Health Center. One hundred and fifty one HIV patients were transferred from the Rural Hospital of Cuamba to the health center and a total of 165 HIV patients (66 are TB/HIV patients) are now receiving treatment at the Cuamba health center. Decentralization from hospital-based services to health center is an important strategy to improve retention and one that can also decongest health services at the RH.

The project is collaborating with the DPS in the implementation of the best mechanism for coordinating care across settings and is promoting the elaboration of standard operating plan for information flow that clearly delineates the type of data to be conveyed to the next care setting, and how this information transfer will be achieved. Standardization of such a tool eliminates the need to re-enter data into the medical record (NID) at each setting, thereby reducing the potential for error and improving efficiency. The project is promoting the use of FHI360 universal transfer form to manage care referrals from and to health facilities and the community. In addition, more effective cross-site communication can translate into efficiencies when assessments can be conducted with the benefit of the information collected in the prior care setting.

Monthly meetings of the HIV Positive Support Groups designated as Chá+ (chá positivo)[2] expanded and continued to be successful. The project is working towards expanding these groups to all ART sites, as well as involving PLHIV to be active participants and in some cases facilitators of these groups.

CHASS Niassa project supported the reactivation and expansion of the youth-friendly clinical and counseling services (SAAJ) at selected health facilities. The overall aim of the program is to increase adolescents and young adults (15- to 24-year–olds) awareness of sexual and reproductive health issues and to encourage the adoption of safe, responsible, and gender-sensitive sexual and reproductive behavior. The program is being extended at the community level where CCMs are trained to talk to young people about adopting safer sexual practices, as well as to give them information concerning HIV/AIDS. It is important to note that this quarter 10% of the community referrals were less than 15 years of age and that 16.2% of them young girls referred to the health facilities for PF and 7.7% for ANC.

Main activities and achievements this reporting period

Objective 1: **Improve the accessibility of high-quality HIV services by strengthening clinical service delivery in six key areas and their utilization through increased retention and demand by clients.**

Key Accomplishments this Quarter

- CHASS Niassa is currently serving approximately 21,126 patients in clinical care and treatment.
- Of these, 13,740 are pre-TARV and 7386 are currently on TARV.
- A total of 109,131 individuals were tested for HIV in 45 project supported sites during the reporting period.
- A total of 48,874 women were seen for care in an ANC clinic supported by CHASS Niassa. In addition, 31,251 women were seen in a Labor and Delivery setting supported by CHASS Niassa.
- A total of 44,487 pregnant women in ANC and 14,497 pregnant women in L&D were tested for HIV or entered knowing their status. Of these women 2601 in ANC and 1,590 in L&D were found to be HIV positive, out of which 2,370(91%) women in ANC and 1,142(71,8%) women in L& received ARV prophylaxis and 1,027 (64%) HIV-exposed infants receiving ARVs in L&D setting.
- 57 Community Adherence Support Groups (GAAC) were formed in three districts to a total of 210 members strong.

[2] Support groups called "*Cha Positivo"* where CCMs and patients get together over tea and talk about the common stresses that stem from being HIV+, and the CCM also trace patients orm "*busca activa"* or make home visits and each CCM is in charge of their own (Bairro) neighborhood.

Adult Care and Treatment Technical Support

During this period of implementation, CHASS Niassa supported 45 ART sites with 7,386 individuals currently on treatment at years end. During this period CHASS enrolled a total of 1040 people onto ART and the clinical CHASS team continues to conduct their regular TSVs to all ART sites which included during this period, the introduction of the new registration tools and on-the-job training for clinicians in some ART supported sites to improve the capacity of the health providers to use effectively the new integrated management of the adults and children HIV patient's tools. CHASS project provided on the job training and follow-up of the health staff (Clinicians and pharmacy staff) and community case managers on the correct use of the new registration tools including FILA.

Retaining patients in HIV/AIDS care and treatment is an ongoing challenge, particularly in Niassa where patients may be difficult to contact. The project has been working with Conselho Cristão de Moçambique /CCM) to implement a cell phone-based patient follow-up system. This mHealth initiative is relatively a low cost form of patient tracking system. Cell phones were made available to CCMs at health facilities and in the community levels, as part of a broader package of adherence interventions.

CHASS technical staff continued to participate and conduct mentoring session during the provincial committee on management of clinical services meetings (Comité provincial de gestão dos serviços clinicos) led by the Provincial head Medical officer. This meeting provided an opportunity to discuss issues around ART initiation, TB-MDR, TB-HIV co-infection, laboratory and pharmacy. In addition to these clinical seminars, FHI staff provide routine technical support to health facility clinical staff to review of the quality of data recorded at the health facility site, ensure clinicians are following standard levels of care, and support doctors to accurately forecast supply of ART, OI, TB, malaria and other essential medications. During the quarter the decentralization process from the Lichinga provincial hospital to the Lichinga City health center continues.

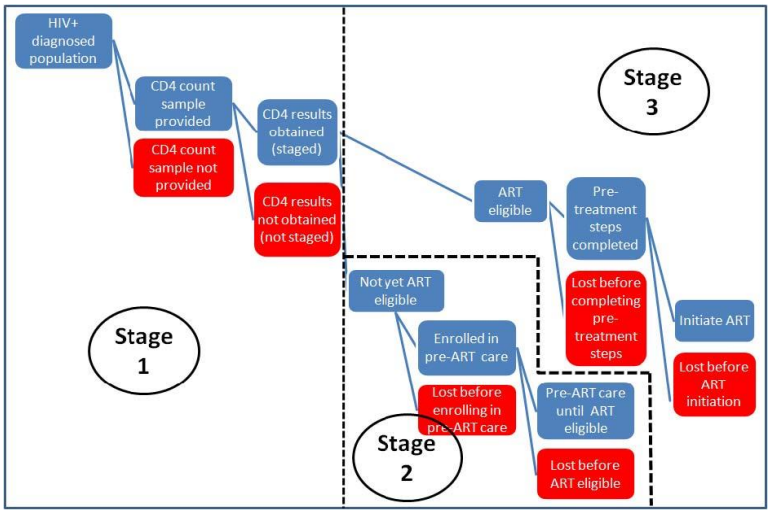
Pre-ART Care and Treatment Technical Support

Pre-ART patients continue to face substantial resource, social, and geographical challenges to their ability to maintain continuous connectivity with the health care system. . Poor pre-ART retention in care, or the failure to link patients from HIV testing to HIV care and retain them until they are eligible for ART, continued to be a critical but challenging aspect of efforts to optimize patient outcomes. Most health facilities give priority attention to sicker patients so less time spent in pre-ART consultation and not enough screening of of STI´s, TB, etc.

Pre-ART care period is divided into three stages, as illustrated in the figure below. Stage 1 lasts from a positive HIV test to receiving the results of an initial CD4 count (or clinical staging) and being referred to either pre-ART care or ART. Stage 2 is pre-ART care, spanning the period from enrollment in pre-ART until ART eligibility. Finally, Stage 3 lasts from ART eligibility to receipt of the first doses of ARVs. Patients can be lost (die, discontinue, or be lost to follow up) in any stage.

Less than a third of all patients who test positive for HIV and who are not yet eligible for ART remain continuously in pre-ART care until they reach eligibility. There appear to be several main reasons for the poor showing of pre-ART care. Most patients during this stage are asymptomatic and may not perceive themselves to require medical care. Very little therapeutic care is offered during the pre-ART period and laboratory follow-up following initial CD4 count to determine eligibility is very poor.

CHASS clinical team retrospectively reviewed registers and clinical notes to ensure that the registration is done accordingly. Eg. In Cuamba Rural Hospital around 340 patients were present in the consultancy and had the registration forms however the clinicians didn't record in the ART and pre-ART log books. In other there are eligible patients to start ART which are still followed in pre ART stage I and II log books. During the TA visits 208 patients in stage III and IV were still registered in the pre-ART log books. After that revision the names were sent to the community case managers for the respective active searching of those individuals.



Pediatric Care Treatment Technical Support

The focus of the CHASS project is firmly on ensuring HIV-free survival, not just on preventing transmission. The CHASS project continued to provide technical support to the DPS in the provision of routine care services to *HIV exposed* and *HIV-infected* infants to ensure that all children HIV positive are followed according to the new ART criteria's[3]. Children with HIV infection are often identified during the first months of life, however, HIV infection often cannot be excluded until after 1year of age particularly in breast feeding babies and

[3] inclusion of all HIV positive children less than two years old independ pre ART with condition to entry of their CD4 count and start the treatment of all co-infected patients with TB/HIV.

pediatric HIV disease can progress very rapidly and often requires treatment before a positive diagnosis can be confirmed. Health care workers are poorly equipped (with materials and/or knowledge) to care for children and often lack adequate space for CCR and health workers, especially with regards to pediatrics, are not properly trained to provide routine care services to the sick child.

The project supports the health facilities in monitoring HIV-exposed infants for rapid disease progression and failing health status and preventing opportunistic infections by providing prophylaxis to all HIV-exposed infants. The project is promoting the identification of HIV-infected infants during well-baby care and sick children clinics (CCS and CCR) and support the provision of treatment as early as possible. Positives, effective communication and family care coordination are part of the care of the exposed infant and are being reinforced at the community level by the CCMs.

Improving Adherence to Treatment and Retention in Care

Some common reasons for failing to stick to ARV regimens include: side-effects; insufficient food; long distances and high transport costs to and from drug collection points; forgetting to take them; stigma and fear of disclosure of one's status and spending time away from home. Adherence is crucial to preventing the huge expense of putting patients on second- and third-line HIV treatment. LTFU identification is happening in many sites, but defaulter identification can be challenging for both children and adults. There is a very weak system for monitoring deaths, and transfers. CHASS project, in collaboration with the DPS, is proposing to improve adherence by:

Continuous counseling - Crucial to ensure patients understand the importance of strictly adhering to their medication and make healthy lifestyle choices. Additional lifestyle counseling, such as alcohol counseling for heavy drinkers, can also improve adherence.

Community support - Visits by Community Case Managers (CCMs) to encourage patients to adhere to their medication and visiting the clinic with the patient and keeping tabs on them between visits.

The community adherence support group initiative (GAAC) is being implemented by the MOH to improve retention in care of patients on ART through increasing patient involvement and adherence in rural towns and villages. The CHASS project is working closely with the MOH/DPS and other local partners to strengthen and scale-up GAAC in Niassa by providing managerial and technical supports to the volunteers in collaboration with other local organizations. GAACs have been expanded to three pilot districts in Niassa province.

Task-shifting – The project will support the MISAU/DPS in the training of Mid- to low-level health workers to provide them with the necessary skills to managed and especially prescribe ART to help ease the burden of trained clinicians and saves patients' time. The MOH is finalizing the training program and the DPS should be able to start with training soon.

Technology – The project is studying the possibility to provide patients with devices such as pill boxes, medical calendars to help them to remember to take their drugs at the appropriate time. In addition, the project is implementing a mHealth initiative using mobile phones to support care and treatment of patients. Forty seven cell phones were distributed to CCMs to improve health outcomes such as adherence and retention in the ART programs. It will also be used to send text messages to remind patients of their appointments or to take their medicines and to report health issues.

Social assistance - Food assistance is associated with improved clinic attendance and adherence to ART. The project has supported the DPS in following-up nutrition activities for PLHIV and NRP, conducted joint monitoring and tutoring visits with DPS staff. During the visits, it was discovered that not all health workers were carrying out nutritional and educational assessments, so the team also provided on the job-training on carrying out nutritional and educational assessments for pregnant women in PMTC. Approximately 32,121 TRTU packets were distributed in an outpatient setting, an increase in 400% from the last quarter (7,843). This increase is attributed to better forecasting of needs, improved collaboration with the pharmacy staff, the on job training for health professionals to encourage routine use of the assessments, and improved reporting systems.

Developing pharmacovigilance (PV) for antiretroviral medicines (ARVs) – The CHASS Niassa project is promoting a culture of "drug safety", train and provide technical support to providers stimulating interest, commitment, and ownership of service providers. Our pharmacy technical officer is in the process of developing a strategy crucial for patient safety and treatment development and effectiveness such as but not limiting to risk of Immune reconstitution inflammatory syndrome (IRIS) in early ART initiation, risk of nevirapine toxicity, ART in HIV/TB patients and initiating ART in TB infected HIV people. We will also promote the integration of PV surveillance into existing patient monitoring.

The CHASS project is supporting a coordinated, synchronized approach to patient tracking system (PTS) to ensure the continuity of care for People Living with HIV (PLHIV) through the use of community case mangers (activista) for patient tracking. CCM is work hand in hand with the health facilities, patients, caregivers, clinicians, counselors and community leaders to make ART adherence as effective as possible.

TB/HIV "One Stop Shop" Model and Universal Access

Full TB/HIV care integration is feasible in Niassa and can lead to significant increased chance of co-infected patients starting ART, while reducing time to ART initiation. Scale-up of full TB/HIV service integration in high TB/HIV prevalence settings in Niassa may shorten time to ART initiation, which might reduce excess mortality and morbidity. During the quarter, CHASS Public Health/ TB/HIV officer distributed new MISAU guidelines to all ART sites and conducted on the Job training on universal access. The DPS has now agreed to have all district TB coordinators trained on ARV management and this will facilitate full implementation of the universal access in all TB clinics. There are a number of important advantages to TB/HIV integration in that it improves detection of both TB and HIV and treatment outcomes, decreases morbidity and mortality from TB and HIV, reduces the burden of both diseases in the community and makes delivery of these (usually separate) health services more efficient and reduce health staff burden.

In addition, the project promotes early diagnosis and treatment initiation to reduce the risk of ongoing transmission, as treatment for both TB and DR-TB dramatically reduces patients' infectiousness. Access to molecular diagnostic tools (LPA/Xpert MTB/Rif) is now a reality in Niassa. This would greatly increase TB and DR-TB case detection which, combined with early treatment initiation and wider use of INH prophylaxis, will improve treatment outcomes and reduce transmission of TB in the province.

Training in diagnoses, follow-up and treatment of TB/MDR patients took place in Cuamba district with a participation of the district medical doctors, clinicians and the district TB managers. Full implementation of the *one stop shop model* is a challenge in the whole province this is due the lack of infrastructures, inadequate space for TB ward and ill- trained staff in ART care. As part of the collaborative activity with TB CARE, a meeting was held with the CB DOTS volunteer partners to review previous year achievements and provide information on program and monitoring of the CB DOTS activities. In addition, TB CARE has organized a training workshop to provide updated information on TB, pediatric TB and collaborative TB/HIV activities, and MDR TB (TB CARE). Members of both CDC and USAID participated in that meeting.

Injection Safety/Infection Control/Biosafety

The CHASS project is supporting the goals of the PEPFAR initiative by reducing the medical transmission of HIV and other blood-borne pathogens among patients and providers during the delivery of medical injections and through the safe disposal of medical waste. The project focuses on specific key areas including: infection prevention and control policy and practice, skills development, advocacy, behavior change, logistics, and waste management.

The project team is assisting the DPS in strengthen the skills of district and facility-based managers to promote safe injection practices. Technical support is provided to improve both the content of care (injection procedures) and the process of care (how the procedures are carried out) in all 14 districts including the Lichinga Provincial Hospital and Cuamba Rural Hospital, distributing the guidelines and procedures to the district focal points. Refreshment training in Injection Safety, infection control and biosafety took place in the same period.

JHPIEGO is facilitating a coordination meeting at provincial level regarding post exposure prevention. This is a follow-up meeting for the district focal points training.

Prevention of Mother to Children Transmission and Counseling and Testing Services (PMTCT and CT)

HIV Counseling and Testing (CT) Technical Support

Currently, the project supports facility-based testing particularly antenatal care (ANC) clinics and other reproductive health services) and individuals are tested systematically and routinely unless they decline—a strategy known as provide-initiated testing and counseling (PITC). CHASS Niassa also is supporting couples counseling through the invitation letter for partners of pregnant women. Either couples come for testing together or one partner brings the other at a health-care.

During this quarter project staff continues the distribution of the guidelines namely; the HIV algorithm tests reading and monthly summary forms a routine activity. Community HIV Counseling and Testing (COHCT) is an approach that utilizes existing community competencies in dealing with HIV/AIDS in general, and HIV counseling and testing in particular. The concept is premised on the knowledge that HIV counseling and testing is an entry point into HIV prevention, care and support and that community can play an important role in HIV/AIDS interventions. Facility-based HCT has its limitation for being a catchment area. COHCT, however, is complimentary to facility-based HCT in that it adds value to the existing structure of communities by enhancing the knowledge and appreciation community members of HCT. COHCT has enable Community Case Managers — who understand the social dynamics and vulnerabilities and can break through social networks— to offer ongoing counseling and sustain the awareness campaigns. In addition, the project has noticed greater community acceptance of HTC due to increased HTC activities, increased CCMs promotion of status awareness and greater client sensitization during counseling of referral to care & treatment in case they are found positive. During this period, 14% of individuals tested in the community were seropositive and 55% of them were women.

Following the community HCT success of Associação Renascer a Vida (ARV) in Lichinga, the project plan to engage communities to assess, analyze and take responsibility for collective mobilization and mitigation of the effects on HIV/AIDS through a community approach and expand the initiative in Lago, Mandimba and Mecanhelas.

This community-based model has offer great potential to reach people and places not previously served. Also, they may identify infections earlier in their course than facility-based testing. Earlier identification makes possible earlier treatment, which in turn yields better treatment and prevention outcomes.

Table 1: Community HCT results from July to September 2012

	Nr. Total de indivíduos aconselhados			Nr total de aconselhados e testados para HIV			Nr. Total de testados com HIV+			Nr. De referidos a US dos HIV+		
	M	F	**Total**	M	F	**Total**	M	F	**Total**	M	F	**Total**
Julho	448	496	**944**	147	153	**300**	14	19	**33**	14	19	**33**
Agosto	638	368	**1006**	274	218	**492**	44	53	**97**	44	53	**97**
Setembro	545	482	**1027**	283	176	**459**	24	29	**53**	24	29	**53**
Total	**1631**	**1346**	**2977**	**704**	**547**	**1251**	**82**	**101**	**183**	**82**	**101**	**183**

Following the DPS recommendation, during the quarter the team provided on the job training in the HIV testing quality control, the correct use of buffer, in the testing waiting time and testing stocking methods.

Prevention of Mother-to-Child Transmission (PMTCT)

PMTCT remains a critical area for scale up in Niassa, where despite of project interventions, the number of HIV infected pregnant women who access a complete PMTCT package including a comprehensive antenatal (ANC) care, modified obstetric practices, antiretroviral therapy and infant feeding counseling and support is low. The project is making considerable effort to increase the level of HIV testing in ANC, acceptance of PMTCT services, but disclosure to partners and couple testing remains a priority. Through community case management the project is able to increased community sensitization, counseling and treatment support of women identified as HIV infected to improve acceptance of PMTCT services in and subsequently reduce pediatrics HIV. Districts PMTCT programs rely heavily on the existing maternal and child health (MCH) clinics and they are only as good as these services into which they are integrated. Some of the health facilities are inadequately prepared for the introduction of PMTCT interventions.

Adequate space for auditory and visual privacy is very limited in many health facilities in Niassa and structural modifications are critical for effective PMTCT interventions. Standard laboratory equipment is not available and functioning at the time of visit. The quality and quantity of supplies are not appropriate to meet the needs of the program.

The project is now advocating for the implementation of Option B+ in Niassa, formally defined as “universal life-long ART for all HIV infected pregnant and breastfeeding women regardless of clinical or immunological stage”[3] as part of a new set of national HIV treatment guidelines. The team suggested that initiating lifetime treatment for pregnant women living with HIV

regardless of their CD4 count or clinical stage (Option B+) can lead to the effective integration of the ART and PMTCT programs with significant gains in efficiency for program coordination, trainings, logistics, and supply chain management.

During this quarter the CHASS PMTCT team and the provincial MCH/PMTCT supervisor from DPS conducted a technical support visit to Mecanhelas and Entre Lagos health facilities. In Entre Lagos the team supported the accreditation of the M2M group recently created there. This visit is to validate the groups and give more responsibility to the local nurses on running these groups. As part of the incentives to allow M2M groups to exist for long periods, CHASS Niassa project provided 180 t-shirts (one per each woman). In each meeting CHASS is providing snacks for the groups. Continuously the groups are conducting home visits to HIV positive women, culinary demonstrations using local foods, provide information on the importance of breastfeeding and adherence to ART prophylaxis. Actually the CHASS project is supporting 11 M2M active groups. Nipepe district is creating the new M2M group.

Information and advice about nutrition during pregnancy and after delivery (lactation) are important components of the prenatal services of most health facilities. Counseling on infant feeding is readily being conducted and is an important component of PMTCT interventions in all project supported ANC. Regardless of HIV status, women receive counseling about sexual and reproductive health, especially during pregnancy and lactation.

During this period, MCH meetings were held for the MCH nurses in Marrupa, Lichinga City and Ngauma. In this meeting the team discussed the MCH semi-annual report per each health center and has been used as a refreshing on the job training in some PMTCT issues. In the meeting discussed the importance of the coordination between the MCH nurses and the traditional birth attendance (TBA) in order to increase the institutional deliver rate.

A total of 40 traditional birth attendants participated in meetings that were held in Marrupa, Mandimba and Ngauma districts. These meetings were used to promote the identification of danger signs in the pregnant women, the referral of pregnant women who gave birth at home within 72 hours post-partum to the closest health facility, to learn about basic biosafety norms, PMTCT, vaccination, child primary care/immunization, etc. One week refresher course on PMTCT targeting 27 health workers took place in Cuamba, in September 17-22. Participants were from peripheral health facilities. This was aimed to increase the access to the health services.

Laboratory and Pharmacy Technical Support

Laboratory Technical Support

Caring for HIV/AIDS requires a functioning laboratory system as an entry into treatment and treatment efficacy monitoring point. In Niassa, the capacity of laboratories is very limited due to

insufficient qualified laboratory staff, and lack of supervisory and quality control system. To cater for the anticipated tests range and volumes, laboratories in the province need upgrading in many areas including general infrastructure, personnel, test capacity and laboratory management. CHASS – N project is working with the MISAU, partners and other key stakeholders on the development and implementation of a national laboratory plan such as the optimal distribution of CD4 count instruments based on testing demand to ensure the reliable and uninterrupted provision of CD4 testing services, this covers implementation of a comprehensive and integrated quality management system throughout all levels of the laboratory services.

The CHASS laboratory team continues to conduct regular technical support visits to Marrupa, Metangula, Sanga, Cuamba, Nipepe, Malanga, Muembe, Lichinga and Maúa. The technical assistance includes follow-up of the laboratory best practices which includes biosafety for the health professionals and patients, ensure that the laboratory guidelines and procedures are followed and support the technical staff in full use of the Lab equipment installed capacity.

The 2nd annual provincial laboratory workshop was held in Lichinga city on July 23 to 27. In this workshop were discussed the laboratory statistics, the team review and up-dated the existing SOPs (Standards Operation Procedures) and elaborated some new SOPs.

MOH with support from the implementation partners elaborated new Laboratory registration and results books. Niassa province has been indicated as the pilot implementation site. CHASS asked to fund the printing of the books, organize the 2 days training on the use of it and coordinate with the DPS in the selection of the health facilities laboratories to start the implementation of the books.

HIV-related tuberculosis is difficult to diagnose and is associated with high morbidity and mortality. Recently, the World Health Organization has endorsed the GeneXpert MTB/RIF (Xpert) assay for the diagnosis of pulmonary tuberculosis in HIV-infected patients. TB CARE has purchased LED microscopy and the GeneXpert for the Lichinga provincial Lab and Cuamba Rural Hospital. All technical staff involved in management of the LED microscopy was trained in use and routine maintenance. The training took place in Maputo. In total 8 individuals from Niassa were trained. A consultant from a South African company (Cepheid) provided training in Gen expert to the appropriated staff in the management of this equipment. The CHASS laboratory staff participates in this as trainee's in order to continue the provision of technical support.

The CHASS Niassa Laboratory officer was one of the facilitators of the workshop regarding laboratory management, quality assurance, biosafety and use of new technologies for the staff of TB reference laboratories. The Lichinga provincial Hospital laboratory is in process of

accreditation, called FOGELA[4]. The base line assessment has conducted by the MoH staff, in coordination with Ministry of health.

Pharmacy Technical Support

The CHASS Niassa pharmacy technical officer visited the districts warehouses in Cuamba, Metarica, Mecanhelas, Maua, Nipepe, Mandimba and Ngauma. The management of the warehouses has improved considerably with the exceptions of Maua and Mecanhelas. These warehouses were doing poorly even less than the last quarter specifically in forecasting and the application of the needs quantification formula. The officer then visited Napacala, Mepica and Macaue health centers in Cuamba and Chemba in Mecanhelas to monitor the availability of the drugs and the correspondent management.

A 3 days provincial pharmacy meeting took place in Cuamba with 3 days duration. The provincial chief medical officer, warehouse managers at provincial and district levels and DPS pharmacy advisor and the CHASS pharmacy technical staff participated. SIMAM was installed in computers from the provincial hospital and district warehouses in Cuamba, Marrupa and Mandimba.

During this period, several stocks out of some medicines have occurred in all district warehouses and at health facility pharmacies namely: Paracetamol tablet 500mg, Chlorpheniramin, tablet 4 mg, Metronidazole tablet 250mg, Amoxicillin, Ibuprofens tablet 500mg. this was a provincial stock caused by the delay on the sending of the kits by the suppliers. To respond to this demand and stock out, the province asked support from DPS Nampula and in some occasions CHASS supported the transportation of small portions on HIV tests to cover the needs.

The correct quantification, regular and systematic supervision visits, existence of transport facilities, correct registration and records still need to improve in most of the health facilities. Eg. In Mepica and Napacala were registrared a stock out of all ARV for PMTCT, but in Cuamba warehouse were enough ARV. The CHASS project organize and provided transport to those places a day after the visit and recommended the provision and regular use of the ARV monthly requisition and balance books the guidelines. Strenuous efforts have been made to scale up best practice prevention interventions, with substantial improvements over the year.

Nutrition, access to food and utilization

The project supports the MOH/DPS through routine TSVs and joint supervision for the integration of the nutritional component for health and by supporting the expansion of Volume I

[4] Strengthening the laboratory management.

of the PRN to 8 additional districts. Among children, HIV infection causes growth faltering even before the onset of the infection's symptomatic phase and the main gap in the realization of universal access to nutritional care and support is the weak integration of nutrition interventions in HIV/AIDS policies and programs and in the national health care services in general.

At the Health facility level, the project is (during TSVs) promoting nutrition screening of all patients, nutrition education and counseling, provision of corn-soy blend (CSB), ready-to-use therapeutic foods (RUTF) for treating severe acute malnutrition, water, sanitation, and hygiene (WASH) and Food security support. At the community level, CCMs is promoting screening to identify people that are malnourished or at risk of malnutrition for reasons that include food insecurity and poor water, sanitation, and hygiene (WASH) and refer them to the HF for a more in-depth assessment and support. At central level the nutrition advisor participated as needed to TWG to revise the NRP manual vol. II, the manual is in final consolidation. This is organized by MISAU with partners support.

From July to September, the CHASS Niassa project nutrition advisor conducted joint technical support visits with DPS Nutrition technical supervisor in Mavago, Muembe, Mandimba, Cuamba districts health center and Lichinga provincial and Cuamba rural Hospital. During these visits the team covered issues such as: improvement of nutrition counseling and treatment for people living with HIV, provided the checklist on nutrition services testing elaborated by FANTAIII project, and launched the national week of breastfeeding on August 1, 2012.

During the quarter 24 health technicians were trained in quality improvement NRP. This training is part of the pilot project running in Lichinga, Muembe and Sanga health Facilities in collaboration with FANTA III project. A NRP QI/QA program is being implemented in 3 health facilities, namely Cuamba, Cidade de Lichinga and Muembe districts. In FY13 the program will be expanded to 13 health facilities reaching all district health centers. The PRN tools were distributed in all health facilities and the health personal was trained on NPR. The full implementation of PRN in Niassa province continues to be a challenge due to lack of tools, equipment and adequate nutrition supplements (Ex: CSB).

Training of 18 health technical staff in NRP, this took place in Lichinga city, from August 13-17 2012 with participation of 15 health technicians from Lichinga city, the objective is to get to know the protocols, NRP treatment procedures and guidelines for the moderate and severe de malnutrition, the training were presented to identify and follow-up of the patients.

Gender equality and gender based Violence support activities

Gender-based violence (GBV) is increasingly recognized as a critical driver of the HIV epidemic in many settings and the incidence of HIV infection is growing at alarming rates among young

women in particular. Promoting gender equality is a major focus of the CHASS project. CHASS provides support to the DPS in training on gender mainstreaming in health, on gender sensitivity provision of technical support for mainstreaming gender across health programs, technical assistance in strengthening the health sector response to gender-based violence. During the quarter the gender technical officer continues provision of supportive technical visits to the community case managers, community leaders, traditional birth attendance, and health worker to prioritize the gender issues. A 2 days training took place in Metangula, Lago targeted to 34 community case managers (53% female), from Lichinga city, Lichinga, Lago, and Sanga districts. Another 36 (58% female) community case managers from 7 districts in the south part of the Niassa province were trained in Cuamba district. All the community case managers trained are expected to perform this in community sensitization sessions, community counseling and references. The training includes gender and HIV, community norms, believes and practices and gender based violence.

A GBV focal point has been nominated at Sanga health facility and is now working with the community case managers and is well connected with the *gabinete de atendimento a Mulher e Criança* for the referral system. Although they seem to be considerable improvement in the general attendance of GBV in health facilities, GBV protocols have yet to be fully implemented in most health facilities.

Collecting and using data on gender-based violence in Niassa is very challenging. Some health facilities are providing GBV services but not recording nor reporting it in their monthly summary. The reference of the individuals from community to the health center has improved however there is low commitment of the health center staff to provide the appropriated and timely services.

Objective 2: **Create an integrated system of HIV/AIDS and primary health care with strong linkages to community services.**

Community Case Management

Expansion of key community strategies resulted in improvements of referral from community to health services and a decrease in loss to follow-ups (LTFU) e.g. This year 57 Community Adherence Support Groups (GAAC) were formed in three districts to a total of 210 strong members. The collaboration and coordination between the CHASS Niassa and other FHI 360 projects implemented in overlapping districts continued to strengthen and yield positive results in improving the wellbeing of community members. The project sought to develop models of community-based health care networks that effectively reduce barriers to early identification of HIV disease and assure entry to high quality primary health care.

During this period, Community Case managers conducted more than 4,674 sessions of IEC with the participation of 269,270 community members. Various culturally sensitive messages were

communicated about prevention of HIV, HCT, WASH, TB, Malaria, PMTCT, Nutrition especially breastfeeding. In addition, at the home visits, 5,069 were counseled and 2,557 were counseled and tested of which 11.9% were HIV+ (54.2% female and 45.8% male). In FY2013 CHASS project will expand the community counseling and testing to Mandimba, Cuamba and Mecanhelas. The project is collaborating with *Concelho Cristão* and *Renascer a vida* in the implementation of the project Integrated Case Management Initiative. To date 104 community case managers are working at health facilities and the community levels to support PLWHIV.

During this quarter, all 104 Community Case Managers (CCMs) from *Conselho Cristão de Moçambique* /CCM) and *Associação Renascer a Vida* (ARV) referred 1,452 individuals in the community to health facilities. Of those referred: 198 for FP, 164 for ANC, 339 for CT (153 male and 186 female), 245 for TB sector (69 male and 76 female) and 606 to adult and pediatric outpatient clinics (211 male and 395 female). A total of 1,112 individuals, 370 males and 742 females completed the referral and received services at the health center. From July to September, CCM´s perform 1,253 IEC sessions reaching 62,251 individuals with cultural sensitive messages for HIV and malaria prevention, clean water and sanitation, access to health services, etc.

Table 3. Lost-To-Follow Up patients form July to September 2012

Indicadors for Patient tracking	**0-14 yrs**		**15 yrs or older**		**TOTAL**
	M	**F**	**M**	**F**	
Number of patients LTFU	97	135	267	610	**1109**
Number of patients found	72	111	186	388	**757**
Number of patients re-introduce to ART	67	105	170	350	**692**

From the health facilities, the CCMs received a list of 1,109 patients LTFU (*faltosos)* out of which 757 (68%) were found by CCMs and 692 (62%) have re-initiated treatment, as reported in table 1 below.

GAAC (Community Adherence Support Group)

The CHASS project continues to work closely with the MOH/DPS and other local partners to strengthen and scale-up GAAC in Mandimba, Cuamba and Mecanhelas. CHASS provided managerial and administrative support to the volunteers in collaboration with other local organizations. This quarter CHASS staff in coordination with the DPS focal point conducted joint TSV to selected HFs to assess the quality of the data collecting instruments, the provision of ARV medication, revision of monthly reports the daily registration forms and follow on the new group creation process. The challenge is the lack of collaboration of clinical staff and the lack quality of the reports.

Objective 3: **Strengthen GRM/MOH capacity at the provincial and district levels to effectively manage high-quality, integrated HIV services by building management and**

financial capacity, reducing human resource constraints, and increasing the capacity to use data for program improvements.

Technical Support in the implementation of the DPS Policy Humanization of Health Services

CHASS-N, in collaboration with the DPS, conducted a patient satisfaction survey at Lichinga Hospital. The study was conducted in July and surveyed approximately 2,813 users in the emergency, outpatient, maternity and laboratory settings. Data analysis is currently being conducted. The project will financially and technically support the participation of 3 health workers from Niassa to the Quality and Humanization Conference in November 12 – 13.

Technical Support in the area of Administration and Finance, Human Resources, Planning and Cooperation

In August 2012, an integrated and joint technical support visit was conducted with DPS staff in Marrupa, Cuamba, Cuamba Rural Hospital, Mecanhelas and Mandimba to assess the degree to which district management staffs are following MISAU policies and guidelines and to support health systems strengthening to improve health outcomes.

Strengthening Human Resources for Health

Pre-service Training

CHASS-N is funding two courses launched in July 2011. These are a mid-level pharmacy technician course (24 students currently enrolled) and a basic nursing course (28 students currently enrolled.

In Service Training

The project continues to support ongoing facility-based training and mentoring. In total 9 training workshops were conducted in positive prevention, nutrition, Human resources for health, STI, PMTCT, Laboratory (PCR, quality control), new M&E instruments for ART and administration and finance.

The project will fund the study of two recipients of at the master level. Candidates were selected by the DPS and their names submitted to project management. They both opted for distance learning, one is enrolled in a Masters of Public Health program at the Catholic University of Mozambique-Beira Campus and the other in Master program in Financial and Auditing Management at the University of Madrid.

Overall Challenges

Although significant progress is being made in scaling-up of prevention of MTCT or PMTC interventions in Niassa approximately 68% of HIV-exposed infants received ARVs to reduce risk. When HIV diagnosis is unknown, healthcare providers do not consider EID testing necessary. To undergo EID testing, an infant must be brought by a caregiver to a healthcare

facility, and healthcare providers must offer EID testing to the infant/caregiver pair. Most HWs target infants for whom maternal HIV infection is already known. Focusing testing efforts only on these known HIV exposed infants result and missed testing opportunities for more than half of all truly HIV-exposed infants. As such, many infants are lost from care at each step in the EID cascade, including: infant presentation to care, test offer by healthcare professionals and test acceptance by parents/caregivers, specimen processing, result return to healthcare facilities and parents/caregivers, and linkage to care. An innovative strategy of 'universal testing' of healthy infants at immunization and growth monitoring (regardless of information about maternal HIV status) is being explored in many health facilities. In addition, substantial numbers of people eligible for ART are not receiving treatment many still do not know they are HIV-positive, many others do not have access to HIV care and treatment and many who are identified as HIV-positive leave care prior to the initiation of ART for a variety of reasons.

HCT is being hampered by the fact that some health workers may have inadequate print literacy and lack reading comprehension subtest and quantitative or "numeracy" subtest. Although they have been giving the HCT protocol and guidelines, they, nevertheless, do not seem to pay much attention in following guidelines. Patients' records are often missing or information in the record is incomplete. Some of the measurements taken by the project to overcome the challenges are on job training on reading and follow-up of the guidelines and protocols. Notify the nurses about the errors found in the registration book and provide feedback and give responsibility to each nurse for this.

Monitoring and Evaluation

M&E activities focused more on the support of the DPS staff to collect and report on their clinical services. The team was able to provide TA at the site, District and Provincial levels as a result of the elimination of the parallel data collection system. For reporting purposes, CHASS Niassa has relied upon the data collected and reported through Modulo Básico. This has proven to be strength as well as a challenge. The opportunity has been to focus more attention on the capacity of the Provincial MOH staff to collect and report on their data, ensuring that the data has improved over time.

Furthermore, it has aligned the USAID project with the Ministry of health, one of the goals for international health work. A challenge came when the Ministry of Health instituted new registries for the pre-TARV and TARV patients. In and of itself this was not a problem; in fact it was seen as a positive movement to better organize the clinic based data. However, the initiation of these registries meant that the provinces were starting from zero with their records of who has been in care, who is currently in care, and who is new to care.

The data held within Modulo Basico now begins with May 2012 and only patients seen since that time are being counted in any way as being in care. In an attempt to address this issue, CHASS Niassa carried out a data clean-up activity while also collecting the cohort survival data. Data

clean-up was carried out in during the month of September and all of the data was re-gathered and compared, when appropriate, to the data already in Modulo Basico. For the purposes of the APR12 the cleaned up data has been used for the analysis. This cleaned data will also be entered into the Provincial version of Modulo Basico in order to ensure that the MOH has the most accurate data possible.

Health facilities are crowded with mothers and babies. Whilst women have many opportunities to test for HIV, are exposed to education and offered condoms, men feel unwelcome, stay away and are excluded from such programs. The male invitation to ANC is an opportunity for male involvement in their partners´ pregnancy and is encouraged to test for HIV and learn how to avoid STIs. It provides men with a window into the public health system.

7. Project Performance Indicators

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2	Q3 Results	% Achieved - end Q3	Q4 Results	% Achieved - end Q4
PTV									
Number of service outlets providing PMTCT service	**45**	45	100%	45	100%	45	100%	45	100%
Number of unique pregnant women registered		10.855		10.559		12.266		15.194	
Number of pregnant women with known HIV status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	**42.593**	10.324	24%	9.583	47%	10.804	72%	14.377	106%
Number of pregnant women with known HIV positive status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in CPN).	**1.406**	421	30%	355	55%	702	105%	1.123	185%
Number of pregnant women provided with an antiretroviral prophylaxis in a PMTCT/PN setting.	**1.026**	407	40%	342	73%	588	130%	1.033	231%
Number of partners of women who are HIV tested in ANC sitting	**2.130**	1.088	51%	1.554	124%	2.311	233%	2.698	359%
Number of HIV positive pregnant women in ANC who have initiate CTX	**914**	110	12%	201	34%	651	105%	464	156%
Total number of unique pregnant and postpartum women registered		8958		8.677		7.581		6.035	
Number of pregnant women with known HIV positive status (before CPN+ who received HIV counseling and testing for PMTCT and received their test results in LD.	**9.172**	920	10%	3.120	44%	7201	123%	3.857	165%
Number of pregnant and immediate post-partum women with known HIV Positive status (includes women who were tested for HIV and received their results)	**1.085**	246	23%	306	51%	261	75%	813	150%
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT/ L&D setting.	**778**	282	36%	285	73%	182	96%	393	147%
Total # HIV-exposed infants received ARVs to reduce risk of MTCT in L&D setting	**923**	252	27%	274	57%	243	83%	258	111%
# infants born to HIV+ women who received an HIV test within 12 months of birth	**872**	29	3%	182	24%	404	71%	567	136%
Number of children (<18 months) born to HIV+ pregnant women who are started CTX prophylaxis within two months of birth	**872**	56	6%	247	35%	363	76%	666	153%
Number of individuals trained in TPMTCT									
COUNSELING & TESTING									
Number of service outlets providing counseling and testing according to national and international standards	**45**	45	100%	45	100%	45	100%	45	100%
Number of individuals who received counseling and testing for HIV and received their test results	**144.000**	23.893	17%	22.669	32%	29789	53%	32.780	76%

Number of individuals who received counseling and testing for HIV and whose results were HIV+		1.085		1.185		1.531		3.339	
Number of individuals trained in counseling and testing according to national and international standards									
Cuidados e Tratamento para o HIV									
Number of outlets providing antiretroviral therapy	21	21	100%	21	100%	21	100%	21	100%
Number of HIV + adult and children receiving a minimum of one clinical service	**14.111**	2.863	20%	8.488	80%	8.369	140%	8.552	200%
Number of individuals newly initiating ART during the reporting period	**2.600**	383	15%	591	37%	810	69%	1.028	108%
Number of new HIV/AIDS patients who are screened for ISTs during their first visit		1.473		1.746		1.257		4.476	
Total number of individuals currently taking ART during the reporting period	**7.055**	5.560	79%	5.923	163%	5.901	246%	7.386	351%
Number of individuals who ever took ART during the reporting period		5778		6882		7.692		8.720	
Total number of health workers trained to deliver high quality ART services									
TB/HIV SERVICES									
Number of service outlets providing prophylaxis and or treatment for TB to HIV infected individuals (diagnosed or presumed.)	**14**	14	100%	14	100%	14	100%	14	100%
Number of new registered TB patients at USG supported TB service outlet		308		289		284		281	
Number of registered TB patients who received counseling and testing for HIV (& received their results) at USG supported TB service outlet	**392**	189	48%	154	88%	271	157%	263	224%
Number of HIV infected individuals attending HIV/AIDS care/treatment services also treated for TB disease	**847**	129	15%	108	28%	125	43%	130	58%
Number of TB (co-infected) patients who started CTX	**196**	129	66%	104	119%	125	183%	129	248%
Number of HIV Positive TB (co-infected) patients who start ART	**157**	26	17%	44	45%	68	88%	66	130%
OTHER POLICY ANALYSIS/SYSTEM STRENGTHENING									
Number of individuals trained in TB/HIV co-infection according to national and international standards									

This quarter, 15,194 pregnant women were registered in ANC setting. Of the total number of women registered this quarter, 99% were counseled and tested (or knew their status upon entry) of which, 6% tested HIV positive and 68% of the HIV positive women were provided with ART prophylaxis at an ANC service. The CHASS Niassa project has surpassed the entire ANC targets this year.

Male involvement in PMTCT services continues. This quarter, 20% of male partners accompanied their pregnant partner to the ANC. Of 15,194 women in the first antenatal clinical (ANC), 3,100 invited male partners attended ANC with their respective partners and were counseled. The project has surpassed the annual target, now reaching 359%. This high performance in the Male involvement in PMTCT services is due the expansion of the invitation split to more health centers, supportive technical assistance, follow-up of the MCH nurses to incentive and attend the couples accordingly, and great improvement on the availability of the HIV test kits in the health centers.

In the L&D settings, over 7,478 pre and post-partum women were registered. Of them, 5,879 (79%) either knew their HIV status upon entry or received HCT. To prevent HIV transmission from mother to children, 323 (74%) of HIV positive women agreed to take ARV as a prophylaxis. 100% of exposed children were also provided with ARVs to prevent the transmission of HIV, including 6 new born delivered outside the maternity (see figure 2 below).

This quarter a total of 32,780 individuals received CT of which 3,339 (10%) tested positive in all supported services outlets providing CT, as reported in figure 3 below. In comparison to the last quarter, this is a 10% increase in the number of people tested. Although we're seeing a positive trend in the last 2 quarters, the CHASS Niassa project is still reaching 76% of the annual target. This was because of lack of HIV testing kits in the first and second trimester of the year. From the third quarter increased the availability of HIV test kits as a result of increased collaboration with SCMS and other government entities such as CMAM to minimize the HIV test kit stock outs. This was a negotiation guided by CHASS Niassa project. We expect the continue increment of this number during the upcoming quarters.

The community CT provided by *associação renascer a vida* in Lichinga city contributed to these achievements with 1.251 people counseled and tested, out of theses 704 were male and 547 female. From those tested 183 (15%) were found positive, 82 male and 101 female respectively. The HIV positive individuals were referred to the closest health center to receive the follow-up services. The ARV community case managers work to ensure that all revered patients are received in the health centers.

From July to October a total of 1,040 patients were initiated on ART, reaching 108% of the annual target as illustrated in Figure 4. CHASS project is contributing for this progressive increase on the ART enrollment. Supporting the introduction of the new registration books, that's turn easy for the clinicians to identify patients who need ART treatment and refer them accordingly. 4,727, new HIV /AIDS patients who are screened for ISTs during the first visit triplicate, from the last quarter, this is a contribution of the new registration tools which has a space to fill in this. A total 6,264 individuals are currently taking ART an increase of 6% from the last quarter, an 89% of the annual target. This increase is still low but justifiable as the new

registration tools are used to clean up the data (all the patients former registered and which didn't show-up yet since the introduction of the books are not counted in this). Integration of TB diagnosis and treatment among HIV-positive patients is critical to help reduce the morbidity and mortality of patients with HIV. During the quarter, 281 TB patients were registered; of these, 152 (54%) were newly registered patients with unknown HIV status, and 134 (88%) received CT services at TB sites. 130 are the TB HIV Co-infected patients (this include 90 which come positive from other sectors and the 40 tested at TB service outlet). Among the co-infected patients identified, 129 (100%) received CTX prophylaxis and 66 (51%) started on ART. The other half are not starting ART because of like of trained staff working on the TB ward to manage ART, this will be solved when all the TB technicians receive the training to administrate the ARVs, and this training was delayed by the MOH approval. MoH finally approved the training and CHASS project and DPS are planning to implement it this quarter.

Table : GAACs

Resumo Mensal de GAACs de: Mandimba, Cuamba e Mecanhelas até mês de Setembro de 2012											
				Menores de 15 anos			15 anos ou mais			TOTAL GERAL
				F	M	TOTAL	F	M	TOTAL	
GRUPO		A.1)	Nº cumulativo de GAACs registados e activos até o fim do trimestre anterior						**53**	
		A.2)	Nº de novos grupos formados durante o trimestre						**4**	
		A.3)	Nº de grupos desintegrados durante o trimestre						**0**	
		A.4)	Nº cumulativo de grupos activos até o fim do mês (A.3 = A.1 + A.2 - A.3)						**57**	
PACIENTE	Entradas	B.1)	Nº cumulativo de entradas aos GAACs até o fim do trimestre anterior	3	0	**3**	158	40	**198**	**201**
		B.2)	Nº mensal de novos paceintes inscritos nos GAACs durante o trimestre	0	0	**0**	8	2	**10**	**10**
		B.3)	Nº mensal de paceintes queue retornaram aos GAACs durante o trimestre	0	0	**0**	0	0	**0**	**0**
		B.4)	Nº cumulativo de entradas nos GAACs até o fim do trimestre (B.4= B.1 + B.2+B.3)	**3**	**0**	**3**	**166**	**42**	**208**	**211**
	Saídas	B.5)	Nºde pacientes nos GAACs transferidos para outras US durante o trimestre	0	0	**0**	0	0	**0**	**0**
		B.6)	Nº de pacientes que desistiram ou foram retirados dos GAAC durante o trimestre	0	0	**0**	0	0	**0**	**0**
		B.7)	Nº de obitos nos GAAC durante o trimestre	0	0	**0**	0	0	**0**	**0**
		B.8)	Nº de pacientes que foram suspensos dos GAACs durante o trimestre	0	0	**0**	1	0	**1**	**1**
		B.9)	Nº de pacientes que sairam dos GAACs durante o trimestre (B.9= B.5 + B.6 + B.7 + B.8)	**0**	**0**	**0**	**1**	**0**	**1**	**1**
	Actual	B.10)	Nº de pacientes activos nos GAACs até o fim do mês (B.10 = B.4 - B.9)	**3**	**0**	**3**	**165**	**42**	**207**	**210**
		C.1)	Nº de consultas de seguimento registados no Livro de Registo GAAC durante o trimestre	1	0	**1**	85	38	**123**	**124**

This quarter, 168 women's and 42 men, were enrolled in the GAACs groups. 3 new GAACs were created. A total of 57 GAACs are active this quarter. Although this is a positive trend, the challenge of the GAACs is still the low involvement of the clinical staff in the GAACs implementation process.

8. Major Implementation Issues

- Addressing the poor quality of data from Modulo Basico
- Improving financial, human resource, and supply chain management
- Improving monitoring and evaluation (M&E)
- Frequent commodity stock outs and a general lack of basic amenities
- Weak Systems for tracking, motivating, and retaining staff
- Frontline health workers poorly trained with limited management skills
- Poor supervision and coordination
- Lack of accountability of HWs
- Weak infrastructures

9. Collaboration with other donor projects

The CHASS project is coordinating with JHPIEGO in the implementation of the SIP[5] and SIFO[6] systems in the DPS. This will improve the management of the staff and in service trainings provided.

In the nutrition program, CHASS project and MOH coordinated with UNICEF for the provision of record manuals such as NRP flowcharts in A3 format, job aids , children from 6-59 months and adolescents 5-14 years old rehabilitation manuals; 1600 multi cards, and 866 community reference sheets. This equipment has delivered at DPS Niassa and from there DPS distributed to all districts of the province.

The project is collaborating with WFP to distribute 300 measurements tapes for adults to selected health facilities, CHASS N will provide technical support to ensure that the HWs use the tapes correctly.

10. Upcoming Plans

The approach in Year 3 will build on the platform established from the past two years and will look to further improve the performance in clinic service delivery to provide quality health care

[5] Personal information system annuals

[6] Continue training ersonal control

services in the existing clinic sites and to expand geographic coverage within the province to improve health services in new sites. A performance improvement (PI) approach will be integrated into regular TSVs. The PI process is defined as a systematic process of: discovering and analyzing human performance improvement gaps; planning for future improvements in human performance; developing effective and efficient responses to close performance gaps; implementing these actions; and evaluating results.

The project will reinforce the provision of joint integrated technical assistance with health personnel from national, provincial and district levels with a focus on cultural governance and performance improvement results in Clinic-based Service-delivery System. As such, CHASS Niassa will:

- Continued support to DPS to strengthen their systems to better plan and manage activities funded through the sub-agreement.
- Strengthen the capacity of the DPS to plan, budget and report according to USG and GRM regulations and policies.
- Promote more on-the-job training and mentoring staff at health facilities and the use specific follow-up plan to strengthen skills of health staff. In addition, weekly clinical meetings will be encouraged to facilitate staff continuous learning and problem solving.
- Continued technical support to strengthen the quality of data collected through the MOH HIS system through the *módulo básico* (MOH database).
- Strengthen district statistics department (NEDs) to ensure high quality of data collection, analysis and dissemination of information. The project will also promote the use of data to: 1) guide the planning, coordination, and implementation of the HIV response; 2) assess the effectiveness of the HIV response; and 3) identify areas for program improvement.
- Strengthen, consolidate, expand the integration and roll-out of MISAU strategies and approaches such as the community adherence support group initiative (GAAC)), Gender-based Violence (GBV) and strategy to ensure quality and humanization of the services. (*Estratégia Nacional de Qualidade e Humanizacão*) by on job training and systematic joint supervision and technical support to the groups.
- Implement the health centers graduation system in Niassa; this will be following the FHI 360 ZPTC project successfully implemented in Zambia, where the graduation is complemented by performance based financing (e.g. The FHI Rwanda experience, the EGPAF in Nampula), the technical assistance designed tools will be used to measure the performance.
- Conduct a baseline in all new health facilities.
- Conduct TSVs in the 20 new health facilities; distribute MISAU guidelines, algorithms and registration books. On the job training in PMTC new norms and CT. continue to implement the PMTCT quality improvement project in the selected 5 health facilities.

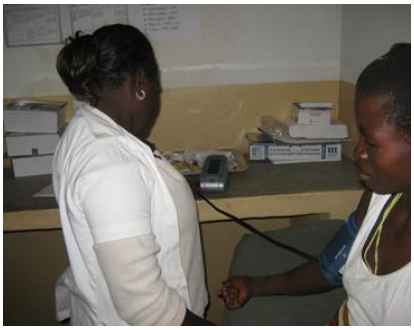
- Support the CLINIQUAL 5th round and the expansion of ART to 12 new sites.
- Support the implementation of the Universal Access and the *one stop model* strategy.
- Conduct TSVs to improve the pediatric TB diagnoses and TB MDR treatment.
- Expand community HTC to Lago, Mandimba and Mecanhelas districts. This will be done tough a sub award with a local NGO *Concelho Islamico de Moçambique.*
- Support GAACs follow-up visit by MISAU central level to the 3 supported health facilities.

At the biosafety and injection safety CHASS technical officer will visit the health units with the DPS provincial supervisor. This will be used to verify the implementation of PPE, Infection control and prevention, and make a quick medical and surgical equipment assessment. The Community team will work on the selection of the new Community Case Managers and expansion of the community CT to 3 new districts. *Conselho Islamico* has an experience on Community CT, as they worked with JHPIEGO before. CHASS Niassa will provide the needed technical assistance to quickly start of this important intervention to increase the number of people counseled and tested in the project. The CHASS staff will promote the assessment study to the 20 expansion health centers. This will be done in all targeted districts with a collaboration of the DPS staff.

The project will continue to promote male engagement as a critical component in the PMTCT program through a written invitation letter to the spouses of women, attending antenatal care services to increase uptake of couple VCT, empower male partners with knowledge about ANC services and improve maternal outcomes. For the couples approach, the project will strengthen the messages during group sessions in ANC and will continue to promote community involvement through M2M groups and traditional birth attendants, 7 new M2M groups will be established in Malanga, Metangula, Maúa, Nipepe, Namacula, Mecula and Metarica district centers.

11. Success Stories and photos

Margarida Murumela is a 32-year old resident of Muchenga a neighborhood of Lichinga. She is a proud mother of three children and is expecting her fourth child. In September, she visited a pre-natal service where the Community Case Manager was conducting an educational session on HIV testing. Through this session she was motivated to take an HIV test, however, the result was not what she has expected. She tested HIV + and went into shock which is quite normal. However with the emotional support provided by the CCM, she was able to regain her composure and understand the options available in taking care of her health in the long-term.



Shortly after her diagnosis, she continued routine check-ups at a PMTCT site and was found eligible for treatment. Through on-going discussions with the CCM at the health facility site she was encouraged to invite her partner for testing. The partner's initiative was launched at this site. To date over 2698 partners have been tested. This is a simple initiative where an invitation is provided to the spouse to visit the health facility for an HIV test. For Magarida, it was a difficult step for her to take as she would need to disclose her HIV status which made her vulnerable to her partner.

12. Evaluation/Assessment Update

Completed during the reporting period:	
Title or subject for study Technical Quality & Programmatic Assessment	Date completed August 10, 2012
Brief description of major findings and recommendations Data clean up exercise Develop detailed workplan for M & E Increase quality data recording Quality ARV implementation Analyze follow-op of HIV infected Children Strengthen internal referral mechanism Enroll laboratory in WHO accreditation program Develop a portfolio documentation plan and template	
Title or subject for study xx	Date completed
Brief description of major findings and recommendations	

Underway during the reporting period:	
Title or subject for study 1: Patient satisfaction survey at Lichinga Hospital	Date to be completed: December 2012
With DPS support, CHASS-N conducted a patient satisfaction survey at Lichinga Hospital. The study was conducted in July and surveyed approximately 2813 users in the emergency, outpatient, maternity and laboratory settings. This is part of the technical support in the implementation of the DPS Health Services Humanization Policy.	

Planned:	
Title or subject for study 2: Assessment on the 20 expanded health facilities for year 3	Dates planned October 2012
Title or subject for study xx:	Dates planned

1. Financial Information:

					Budget Summary			
					26-Out-12			
	{a}	{b1}	{b2}	{c}	{d}	{e}	{f} = a+b+c+d+e	{g}
			YEAR				Proposed	Current
	Year 1 Accrued Expenditures	(Partial) Year 2 Accrued Expenditures	(Partial) Year 2 Estimates	3	4	5	Revised Total - Realignment Submission October 2012	Approved Realignment Submission Sept 2012 (Mod 7)
	Aug 01,2010 - September 30, 2011	October 1, 2011 -June 30, 2012	July 1, 2012 - September 30, 2012	October 1, 2012 - September 30, 2013	October 1, 2013 - September 30, 2014	October 1, 2014 - July 31, 2015		
TOTAL DIRECT LABOR	$1.766.458	$859.304	$76.841	1.361.711	1.410.141	$1.042.023	**$6.516.478**	$9.451.220
FRINGE BENEFITS	$627.316	$318.695	$38.920	$469.113	484.887	$358.159	**$2.297.091**	$3.365.940
OVERHEAD								
CONSULTANTS - Fee/Travel/ODC's	$9.222	$0	$0	$11.275	11.839	$10.308	**$42.644**	$0
TRAVEL AND PER DIEM	$618.423	$402.236	$2.488	$1.033.386	$862.687	$848.523	**$3.767.743**	$2.362.795
EQUIPMENT	$270.904	$128.157	$0	$81.370	$10.609	$0	**$491.040**	$575.459
SUBRECIPIENTS and GRANTS	$793.967	$969.676	$298.170	$2.114.671	$1.483.000	$1.178.045	**$6.837.529**	$6.578.875
ALLOWANCES	$0	$0		$0	$0	$0	**$0**	$0
OTHER DIRECT COSTS	$1.138.070	$2.042.932	$339.855	$1.352.125	$1.169.500	$995.334	**$7.037.816**	$4.315.357
PROGRAMMATIC ACTIVITIES	$0	$0		$0	$0	$0	**$0**	$0
INDIRECT COSTS	$1.230.033	$1.076.730	$165.650	$1.258.079	$978.787	$806.367	**$5.515.646**	$5.856.341
TOTAL ESTIMATED COSTS	$6.454.393	$5.797.731	$921.924	$7.681.730	$6.411.450	$5.238.759	**$32.505.987**	$32.505.987
Cost Share Targets	$645.439	$579.773	$92.192	$768.173	$641.145	$523.876	**$3.250.599**	$3.250.599
% Total Estimated Costs								